



<b>CHILD'S NAME:</b>	<i>Child's Age/Birthday</i>
<b>Address:</b>	<i>Child's Home Phone:</i>
<i>City, State &amp; Zip</i>	

<b>PARENT / GUARDIAN NAME:</b>		Relationship To Child:	
Address (if different from child:)		City, State,	Zip
Home Phone:	Cell Phone:	Email:	
Employer:	Work #:		

<b>PARENT / GUARDIAN NAME:</b>		Relationship To Child:	
Address (if different from child:)		City, State,	Zip
Home Phone:	Cell Phone:	Email:	
Employer:	Work #:		

**Please select your option:**

Option	Select Option	Option Description
<b>Option 1</b>		Starting. \$100 Registration fee and first weeks tuition is due.
<b>Option 2</b>		Hold a spot for when you are ready to return / spot available. \$75 per week until your first week enrolled.

Approximate time for drop off in the morning: \_\_\_\_\_

Approximate time you will pick up : \_\_\_\_\_

How did you hear about our Center? \_\_\_\_\_

Any comments or suggestions to better serve you? \_\_\_\_\_

Please check if you would like receive emails regarding special events at CELC. \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>OFFICE USE ONLY:</b>		
Registration Fee: _____	Credit/Cash/Check:- _____	Admittance Date: _____
Additional Info: _____		